

USPTO  
10/11/01Please type a plus sign (+) inside this box Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1.  Fee Transmittal Form (e.g., PTO/SB/17)  
*(Submit an original and a duplicate for fee processing)*

2.  Applicant claims small entity status.  
See 37 CFR 1.27.

3.  Specification [Total Pages 17]  
*(preferred arrangement set forth below)*  
- Descriptive title of the invention  
- Cross Reference to Related Applications  
- Statement Regarding Fed sponsored R & D  
- Reference to sequence listing, a table, or a computer program listing appendix  
- Background of the Invention  
- Brief Summary of the Invention  
- Brief Description of the Drawings (if filed)  
- Detailed Description  
- Claim(s)  
- Abstract of the Disclosure

Drawing(s) (35 U.S.C. 113) [ Total Sheets 7 ]

Oath or Declaration [ Total Pages 2 ]

a.  Newly executed (original or copy)  
b.  Copy from a prior application (37 CFR 1.63 (d))  
*(for continuation/divisional with Box 17 completed)*

**DELETION OF INVENTOR(S)**  
Signed statement attached deleting Inventor(s)  
named in the prior application, see 37 CFR  
1.63(d)(2) and 1.33(b).

5.  Application Data Sheet. See 37 CFR 1.76

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation     Divisional     Continuation-in-part (CIP)

of prior application No. \_\_\_\_\_

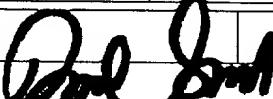
Prior application Information:

Examiner \_\_\_\_\_

Group / Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**18. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		24505		or <input type="checkbox"/> Correspondence address below	
Name	Daniel J. Swirsky				
Address	AlphaPatent Associates Ltd, P.O.B. 2345				
City	Beit Shemesh	State	ISRAEL	Zip Code	99544
Country	ISRAEL	Telephone	011-972-2-999-1035	Fax	011-972-2-999-1035
Name (Print/Type)	Daniel J. Swirsky	Registration No. (Attorney/Agent)			45,148
Signature					
Date January 11, 2001					

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

09/757636  
01/11/01

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL

## for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 395.00)

## Complete if Known

Application Number	
Filing Date	January 11, 2001
First Named Inventor	Yariv, Shalom
Examiner Name	
Group Art Unit	
Attorney Docket No.	1052-US

## METHOD OF PAYMENT

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to,   
 Deposit Account Number **501380**  
  
 Deposit Account Name **Alpha Patent Associates Ltd.**  
  
 Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17  
 Applicant claims small entity status. See 37 CFR 1.27  
  
 Payment Enclosed:  
 Check     Credit card     Money Order     Other

## FEE CALCULATION (continued)

Fee Description	Fee Paid
3. ADDITIONAL FEES Large Entity Small Entity Fee Fee Fee Fee Code (\$) Code (\$)	
105 130 205 65 Surcharge - late filing fee or oath	
127 50 227 25 Surcharge - late provisional filing fee or cover sheet	
139 130 139 130 Non-English specification	
147 2,520 147 2,520 For filing a request for ex parte reexamination	
112 920* 112 920* Requesting publication of SIR prior to Examiner action	
113 1,840* 113 1,840* Requesting publication of SIR after Examiner action	
115 110 215 55 Extension for reply within first month	
116 390 216 195 Extension for reply within second month	
117 890 217 445 Extension for reply within third month	
118 1,390 218 695 Extension for reply within fourth month	
128 1,890 228 945 Extension for reply within fifth month	
119 310 219 155 Notice of Appeal	
120 310 220 155 Filing a brief in support of an appeal	
121 270 221 135 Request for oral hearing	
138 1,510 138 1,510 Petition to Institute a public use proceeding	
140 110 240 55 Petition to revive - unavoidable	
141 1,240 241 620 Petition to revive - unintentional	
142 1,240 242 620 Utility issue fee (or release)	
143 440 243 220 Design issue fee	
144 600 244 300 Plant issue fee	
122 130 122 130 Petitions to the Commissioner	
123 50 123 50 Petitions related to provisional applications	
126 240 126 240 Submission of Information Disclosure Stmt	
581 40 581 40 Recording each patent assignment per property (times number of properties)	40.00
146 710 246 355 Filing a submission after final rejection (37 CFR § 1.129(a))	
149 710 249 355 For each additional invention to be examined (37 CFR § 1.129(b))	
179 710 279 355 Request for Continued Examination (RCE)	
169 900 169 900 Request for expedited examination of a design application	
Other fee (specify) _____	
Reduced by Basic Filing Fee Paid	SUBTOTAL (3) (\$ 40.00)

## FEE CALCULATION

## BASIC FILING FEE

Fee	Fee	Fee	Fee	Fee Description	Fee Paid
101 710 201 355	Utility filing fee				<b>355.00</b>
106 320 206 160	Design filing fee				
107 490 207 245	Plant filing fee				
108 710 208 355	Reissue filing fee				
114 150 214 75	Provisional filing fee				

SUBTOTAL(1) (\$ 355.00)

## EXTRA CLAIM FEES

Extra Claims	Fee from below	Fee Paid
all Claims	-20- =	<input type="text"/> X <input type="text"/> = <input type="text"/>
Independent	3- =	<input type="text"/> X <input type="text"/> = <input type="text"/>
Claims		<input type="text"/> = <input type="text"/>
Multiple Dependent		<input type="text"/> = <input type="text"/>

## Large Entity Small Entity

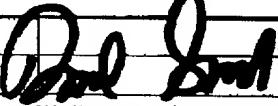
Fee	Fee	Fee	Fee	Fee Description
103 18 203 9	Claims in excess of 20			
102 80 202 40	Independent claims in excess of 3			
104 270 204 135	Multiple dependent claim, if not paid			
109 80 209 40	** Reissue independent claims over original patent			
110 18 210 9	** Reissue claims in excess of 20 and over original patent			

SUBTOTAL (2) (\$ )

\*or number previously paid, if greater; For Reissues, see above

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Daniel J. Swirsky	Registration No. (Attorney/Agent)	45,148	Telephone	011-972-2-999-1035
Signature				Date	January 11, 2001

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

1C759 U.S. PRO  
09/16/01  
01/11/01

## RECORDATION FORM COVER SHEET PATENTS ONLY

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

### Submission Type

New  
 Resubmission (Non- Recordation)  
Document ID#   
 Correction of PTO Error  
Reel #  Frame #   
 Corrective Document  
Reel #  Frame #

### Conveyance Type

Assignment       Security Agreement  
 License       Change of Name  
 Merger       Other   
**U.S. Government**  
(For Use ONLY by U.S. Government Agencies)  
 Departmental File       Secret File

### Conveying Party(ies)

Mark if additional names of conveying parties attached  
Month Day Year

Name (line 1)  Yariv, Shalom  01102001

Name (line 2)

### Second Party

Name (line 1)

Name (line 2)

Execution Date  
Month Day Year

### Receiving Party

Mark if additional names of receiving parties attached

Name (line 1)  Proxell Systems Ltd.  If document to be recorded  
is an assignment and the  
receiving party is not  
domiciled in the United  
States, an appointment  
of a domestic  
representative is attached.  
(Designation must be a  
separate document from  
Assignment.)

Name (line 2)

Address (line 1)  13 Hamlacha Street

Address (line 2)

Address (line 3)  Lod  City  Israel  State/Country  71520  Zip Code

### Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

### FOR OFFICE USE ONLY

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20591 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:  
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

Correspondent Name and Address

Area Code and Telephone Number **011-972-2-999-1035**

Name **Daniel J. Swirsky**

Address (line 1) **Alpha Patent Associates Ltd.**

Address (line 2) **P.O.B. 2345**

Address (line 3) **Beit Shemesh**

Address (line 4) **Israel 99544**

Pages

Enter the total number of pages of the attached conveyance document  
including any attachments.

# **2**

Application Number(s) or Patent Number(s)

Mark If additional numbers attached

Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property).

Patent Application Number(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Patent Number(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

If this document is being filed together with a new Patent Application, enter the date the patent application was signed by the first named executing inventor.

Month **Day** Year  
**01102001**

Patent Cooperation Treaty (PCT)

Enter PCT application number

PCT  PCT  PCT

only if a U.S. Application Number PCT  PCT  PCT   
has not been assigned.

Number of Properties

Enter the total number of properties involved.

# **1**

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41): \$ **40.00**

Method of Payment:  
Deposit Account

Enclosed  Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number:

# **501380**

Authorization to charge additional fees:

Yes

No

Statement and Signature

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document Charges to deposit account are authorized, as indicated herein.

DANIEL J. SWIRSKY Rev. No. 75,148  
Name of Person Signing

  
Signature

JAN. 11, 2001  
Date